



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION  
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LOS ANGELES, CALIFORNIA 90012



**MARK J. SALADINO**  
TREASURER AND TAX COLLECTOR

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December 28, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

## **REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED - 3 VOTES)**

### **IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10909953 in amount of \$9,328.10  
Account Number 10946853 in amount of \$5,000  
Account Number 10948581 in amount of \$32,908.18  
Account Number 11222878 in amount of \$4,917.73

### **JUSTIFICATION:**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

**IMPLEMENTATION OF STRATEGIC PLAN GOALS:**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

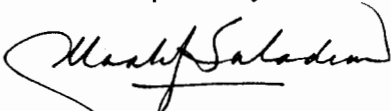
**FISCAL IMPACT:**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

**PURPOSE OF RECOMMENDED ACTION:**

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:SFJ:ts  
X:Comp.88

Attachments

c: Chief Administrative Officer  
County Counsel

APPROVED  
RAYMOND G. FORTNER, JR.  
County Counsel

by   
Principal Deputy County Counsel

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 88A  
DATE: December 28, 2006

Amount of Aid	\$30,410.00	Account Number	10909953
Amount Paid	0.00	Name	Adult Male
Balance Due	30,410.00	Service Date	11/28/04 thru 12/02/04
Compromise Amount Offered	9,328.10	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,081.90	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$30,410.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
Attorney Cost	203.69	203.69	0.68%
Ambulance Bill	604.00	604.00	2.01%
County of Los Angeles	30,410.00	9,328.10	31.10%
Net to Client	N/A	9,864.21	32.88%
<b>Total</b>	<b>\$41,217.69</b>	<b>\$30,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client earns a marginal income from part-time employment. He has no other source of income or tangible assets.

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 88B  
DATE: December 28, 2006

Amount of Aid	\$74,054.00	Account Number	10946853
Amount Paid	0.00	Name	Adult Female
Balance Due	74,054.00	Service Date	12/23/04 thru 03/08/05
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$69,054.00	Service Type	Inpatient/Outpatient

**JUSTIFICATION**

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$74,054.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 6,000.00	\$ 2,792.00	18.62%
Torrance Doctor's Group	3,224.07	2,400.00	16.00%
County of Los Angeles	74,054.00	5,000.00	33.33%
Net to Client	N/A	4,808.00	32.05%
<b>Total</b>	<b>\$83,278.07</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is employed and supports herself with a marginal income. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 88C  
DATE: December 28, 2006

Amount of Aid	\$72,984.00	Account Number	10948581
Amount Paid	0.00	Name	Adult Male
Balance Due	72,984.00	Service Date	12/19/04 thru 01/03/05
Compromise Amount Offered	32,908.18	Facility	LAC USC Medical Center
Amount to be Written Off	\$40,075.82	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a fire accident. He was treated at LAC USC Medical Center at a cost of \$72,984.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$110,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 36,666.66	\$ 36,666.66	33.33%
Attorney Cost	6,980.21	6,980.21	6.35%
County of Los Angeles	72,984.00	32,908.18	29.92%
Net to Client	N/A	33,444.95	30.40%
<b>Total</b>	<b>\$116,630.87</b>	<b>\$110,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and his only source of income is from General Relief. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 88D  
DATE: December 28, 2006

Amount of Aid	\$28,054.00	Account Number	11222878
Amount Paid	0.00	Name	Adult Female
Balance Due	28,054.00	Service Date	07/04/06 thru 07/11/06
Compromise Amount Offered	4,917.73	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$23,136.27	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Harbor UCLA Medical Center at a cost of \$28,054.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	246.80	246.07	1.64%
County of Los Angeles	28,054.00	4,917.73	32.79%
Net to Client	N/A	4,836.20	32.24%
<b>Total</b>	<b>\$33,300.80</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and homeless. She has no other source of income or tangible assets.